

APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT

If You Need Additional Space, Continue Under "Remarks" Listing Item Number

1. Name Last, First, Middle Initial Mr. Miss. Mrs. Ms.		2. Phone Number		3. Social Security Number	
4. Present Address				5. Place of Birth	
6. Other Names Previously Used for Employment Purposes				7. Date of Birth	
				City	
				State	
				Foreign Country	
<b>GENERAL</b>					
8. Are you a U.S. YES <b>G</b> NO <b>G</b> — Give the Country of your citizenship					
9. a. Were you ever a Federal civilian YES <b>G</b> NO <b>G</b> — For highest civilian grade give: /					
series grade					
b. Are you receiving a Federal annuity YES <b>G</b> NO <b>G</b>					
10. Do you have any relatives that are Judges, Officers or employees of the United States Courts? If so, give their names, positions, and relationships to you YES <b>G</b> NO <b>G</b>					
11. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES <b>G</b> NO <b>G</b> If yes, explain under Remarks at the end of this form.					
12. Have you ever been YES <b>G</b> NO <b>G</b> (You may omit: (1) offenses committed before your 18 <sup>th</sup> birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you paid a fine of \$100 or less) If yes, explain under Remarks at the end of this form.					
<b>EDUCATION</b>					
12. a. Do you have a high school diploma or G.E.D. equivalent? YES <b>G</b> NO <b>G</b> If yes, Date of					
b. Name and location of colleges or attended (including law schools)		Dates Attended		Number of Credit Hours	
				Quarter Semester	
Chief Undergraduate Subjects		Credit Hours		Chief Undergraduate Subjects	
		Quarter Semester		Credit Hours	
				Quart Semest	
c. Special skills, accomplishments, awards, honors, fraternities, sororities & societies (Specify) YES <b>G</b> NO <b>G</b>					
d. Other schools or training such as trade, vocational, Armed Forces, or business. Give for each: Name and location of school, dates attended, subject studied, certificates, and any other pertinent data.					
<b>MILITARY SERVICE</b>					
14. a. Have you ever served on active duty with the military? YES <b>G</b> NO <b>G</b> If yes, attach a copy of DD 214, Notice of Separation.					
b. Are you retired from military YES <b>G</b> NO <b>G</b>					
<b>APPLICANTS FOR LEGAL POSITIONS</b>					
15. a. Are you admitted to the YES <b>G</b> NO <b>G</b> If yes, list the Bar(s) to which admitted and dates of admission:					
Is your Bar <b>G</b> Active <b>G</b> Inactive					
b. Did you attend a Bar review YES <b>G</b> NO <b>G</b> List type of course:					
Dates Attending: From: To					

**WORK EXPERIENCE**

Including experience while in military service.

(Start with your present position and work back 10 years. Use additional page if necessary.)

**A**

Dates of Employment (month, day, year) From: _____ To: _____		Number of hours worked per week:	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Classification Grade/Level	Place of Employment City _____	Kind of Business or Organization
			State or Country _____	
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor	
Business Telephone: _____ Area Code _____ Number _____			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

**B**

Dates of Employment (month, day, year) From: _____ To: _____		Number of hours worked per week:	Exact Title of Your Position	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Classification Grade/Level (If in Federal Service)	Place of Employment City _____	Kind of Business or Organization
			State _____	
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor	
Business Telephone: _____ Area Code _____ Number _____			Number of Employees Supervised	
Reason for Leaving				
Description of Work				

**REMARKS:** (Use this space for continuation of answers. List the number of items being continued.)**APPLICANT CERTIFICATION**

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED

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**CONTINUATION SHEET AO-78**

Dates of Employment (month, day, year) From: _____ To: _____		Number of hours worked per week: _____	Exact Title of Your Position _____	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Classification Grade/Level (If in Federal Service) _____	Place of Employment City _____	Kind of Business or Organization _____
			State _____	
Name and Address of Employer (firm, organization, etc.) _____			Name and Title of Immediate Supervisor _____	
Business Telephone: _____ Area Code _____ Number _____			Number of Employees Supervised _____	
Reason for Leaving _____				
Description of Work _____				

Dates of Employment (month, day, year) From: _____ To: _____		Number of hours worked per week: _____	Exact Title of Your Position _____	
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Classification Grade/Level (If in Federal Service) _____	Place of Employment City _____	Kind of Business or Organization _____
			State _____	
Name and Address of Employer (firm, organization, etc.) _____			Name and Title of Immediate Supervisor _____	
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